Entered - 05/08/01 - sb CL01L0288 - DIANNE C. MITCHELL 01- 2-1049

CLAIM OF: ROBERT L. GUIDO

1800 Nancy Creek Bluff Atlanta, Georgia 30327

For damages alleged to have been sustained as a result of a sewer back up on March 11, 2000 at 1800 Nancy Creek Bluff.

THIS ADVERSED REPORT IS APPROVED

ROSALIND RUBENS NEWELL DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

| Claim No. <u>01L0288</u> Date: <u>June 21, 2001</u> | | | | | | |
|--|--|--|--|--|--|--|
| CI ' A WAY AND DODEDT I CHIDO | | | | | | |
| Claimant / Victim ROBERT L. GUIDO | | | | | | |
| BY: (Atty)(Ins. Co.) | | | | | | |
| Subrogation: Claim for Property damage \$ 450.00 Bodily Injury \$ | | | | | | |
| | | | | | | |
| Date of Notice: 04/27/01 Method: Written, proper X Improper Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X | | | | | | |
| Date of Occurrence 03/11/01 Place: 1800 Nancy Creek Bluff | | | | | | |
| Date of Occurrence Us/11/01 Prace. 1800 Nancy Creek Bluff Dissission: Savier Operations | | | | | | |
| Department Public Works Division: Sewer Operations Employee involved Disciplinary Action: | | | | | | |
| Employee involved Disciplinary Action. | | | | | | |
| NATURE OF CLAIM: The claimant alleges his property was damaged due to a sewer back up. The investigation | | | | | | |
| determined that there was no notice of any problems with the sewer line prior to the incident involving the claiman | | | | | | |
| The City is immune from liability as set forth in O.C.G.A. §36-33-1. | | | | | | |
| The City is immune from flaothty as set form in O.C.G.A. 950-55-1. | | | | | | |
| INVESTIGATION: | | | | | | |
| Statements: City employee Claimant Others Written Oral | | | | | | |
| Pictures Diagrams Reports: Police Dept Report X Other | | | | | | |
| Traffic citations issued: City Driver Claimant Driver | | | | | | |
| Citation disposition: City Driver Claimant Driver | | | | | | |
| Chation disposition. City Briver Chainlant Briver | | | | | | |
| BASIS OF RECOMMENDATION: | | | | | | |
| Function: Governmental X Ministerial | | | | | | |
| Improper Notice More than Six Months Other X Damages reasonable | | | | | | |
| City not involved Offer rejected Compromise settlement | | | | | | |
| Renair/renlacement by Ins. Co. Renair/renlacement by City Forces | | | | | | |
| Claimant Negligent City Negligent Joint Claim Abandoned | | | | | | |
| Claimant regrigent City regrigent Joint Claim reduction | | | | | | |
| Respectfully submitted, | | | | | | |
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| (//hundlinglish | | | | | | |
| INVESTIGATOR - DIANNE C. MITCHELL | | | | | | |
| | | | | | | |
| RECOMMENDATION: | | | | | | |
| Pay \$ Adverse X / Account charged: 1A01 2J01 2H01 | | | | | | |
| | | | | | | |
| Claims Manager: Concur/date Concur/date Committee Action: Council Action | | | | | | |
| Committee Action:Council Action | | | | | | |

FORM 23-61

COUNCIL OF THE CITY OF ATLANTA MUNICIPAL CLERK City Hall 55 Trinity Avenue, S.W.

01-R-1049

Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

05708/07

Today's Date: 4. 73-0/

| Dear Municipal Cle | rk: | ا این این مواد فاق | 11 | ENTERED - 5-8-01 - S 01L0288 - DEAN THIT | B CHELL | |
|-----------------------|------------------------------|--|---------------------------------------|--|---------------------|--|
| > t | oodily injury for | which I contend the City | is liable. | 101 - 5-8-01 - 5 01L0288 - DEANGE MIT 10 of \$ 430 | | |
| 1. Date of incident: | MARCH (month/da) |), Vo 1 2. Time of y/year). | Incident:An | 3. Police called: Ye | es No | |
| 4. Location of incide | ent (including st | reet address) : 1800 | Nancy CR | Policy No. | TLANTA 3037 | |
| 5. Name of your ins | urance company | . No Coverage | , , , , , , , , , , , , , , , , , , , | Policy No. | <u> </u> | |
| 6. State what and he | ow incident occu | ırred: | | - f | | |
| CITY Je | ewer 3 | ACK up | DAMAGE + | 6 FINISHED | BASE MEN | |
| ALE | A + 1 | FRONT YAR | b . | 6 FINISHED | | |
| | | GES ARE SUBJECT TO NG DENIED AND MAY | | MAKING OF FALSE CLA NAL PROSECUTION! | AMS WILL | |
| | of ownership of | the claim for vehicle dam f your vehicle (copy of the | | lowing and attach two (2) exr title). | stimates of | |
| Tour venicie | (Make) | (Year) | (Tag Number) | (Driver's Na | me) | |
| City vehicle: | | | | | | |
| | (Make) | (City Driver | 's Name) | (Department/Bu | (Department/Bureau) | |
| 9. Witness: | (Name) | | (Address) | (Telephone Nun | nber) | |
| | | | | the City of Atlanta, as grand / or its employee(s). | | |
| 11. This claim shoul | d be mailed imn | ediately to the address sh | own above | r L. Gul D. (Print Claimant's Name) | _ | |
| I HEREBY SWI | EAR OR AFFIE N IS TRUE AN | M THAT THE ABOVE D CORRECT. | · WOLK | (Print Claimant's Name) | <u> </u> | |
| Koleni | 1 Juil | • | | | | |
| Signature of Cla | aipmant | • | ATLA | ANEY CLECK ON TA GA. 3 | 0327 | |
| |) | | | (City, State and Zip Code) | | |
| | | | 11.817.62 | Ua . 4/a | 11. 751.7120 | |